Image# 11952761417 PAGE 1/5

STATEMENT OF

FORM 1		ORGANIZATION										Office Use Only									
NAME OF COMMITTEE (in	full)		(Check if na is changed)	ame		nple:If the lin		, type	1	12	FE4	М5]						
Norfolk So	uthern	Cor	poration	on G	ood	Go	ver	nm	en	t F	un	d									
		00		. NE																	
ADDRESS (number and street)		One Co	nstitution Av	e NE																	
(Check if address is changed)																					
		Washir	ngton							DO			2000	2 		- L					
		CITY							STATE					ZIP CODE							
COMMITTEE'S E-MA	IL ADDRES	•	e provide on sutton@nsco	•	mail add	dress)													ı		
(Check if address is changed)																					
COMMITTEE'S WEB	PAGE ADD	RESS (L	JRL)																		
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2. DATE 10		J L	y y y 2011	C co	0000928	2															
4. IS THIS STATEN		NEW	/ (N)	OR	×	AI	MEND	ED (A	۸)												
I certify that I have e					of my k					s true	e, co.	rrect	and o	compl	ete.						
Type or Print Name of	of Treasurer	Marque	e Ledoux																_		
Signature of Treasure	Marque I	Ledoux				[Electr	onicall	y Filed	d]	Date		м = м 10	′	26	1	Υ	^y 201	1			
NOTE: Submission of f			complete info			•		-	-				the pe	enaltie	s of	2 U.S	3.C. {	§437(j.		
Office Use Only						For fur Federal Toll Fre Local 2	Electio e 800-4	n Com 24-953	missior					EC (Revis							